

2012 MCFRS TRAINING AND PERSONNEL RECERTIFICATION/REFRESHER ACTIVITY REPORT

LAST NAME	FIRST NAME	M.I.	FS ID #	STATION	SHIFT

COURSE	DATE TAKEN	INSTRUCTOR'S NAME (PRINTED)	INSTRUCTOR'S SIGNATURE
AED	2012		
Air & Blood Borne Pathogens			
Confined Space			
CPR (Instructor Lead)			
Hazardous Materials			
SCBA			
Trench			

TO BE VERIFIED AND THEN SIGNED OFF BY YOUR ASSIGNED SHIFT OFFICER ONLY			
EMT-B , CRT '99 or EMT-P CARD ON PERSON:	<input type="checkbox"/>	Yes	<input type="checkbox"/> No
VERIFICATION OF ADDRESS FROM THE CARD:	<input type="checkbox"/>	Yes	<input type="checkbox"/> No
EXPIRATION DATE FROM CARD:	_____		
SHIFT OFFICER SIGNATURE:	_____		PRINTED NAME: _____
DATE VERIFIED AND SIGNED OFF BY SHIFT OFFICER: _____ / 2012			

